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## **OPTIONAL STATE SUPPLEMENTATION**

STATUTORY BASIS FOR PAYMENT Wisconsin Statutes, 49. 77 and 49.775.

EFFECTIVE DATE

January 1, 1974.

**ADMINISTRATION** 1

State Department of Heath and Family Services.

**PASSALONG** 

In compliance by the method of total expenditures.

SCOPE OF COVERAGE

Optional State supplement provided to all eligible persons in the living arrangements listed under "Payment Levels." Residents of emergency shelters or patients in medical facilities where Medicaid pays more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for

optional supplementation.

RECOVERIES,

LIENS, AND ASSIGNMENTS None.

**RELATIVE** 

RESPONSIBILITY

None.

INCOME

**DISREGARDS** 

No disregards in addition to the Federal income disregards.

RESOURCE LIMITATIONS Federal SSI resource limitations apply.

PLACE OF

**APPLICATION** 

Social Security Administration field offices.

FUNDING

Assistance: State funds. Administration: State funds.

INTERIM

State participates.

**ASSISTANCE** 

<sup>&</sup>lt;sup>1</sup> Mandatory minimum supplementation is administered by the State.

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## **PAYMENT LEVELS** 2

	Combined Federal/State		State supplementation	
Living arrangements	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Living independently <sup>3</sup>	\$583.78	\$883.05	\$83.78	\$132.05
Living in household of another	417.12	632.72	83.78	132.05
Living independently with an ineligible spouse	630.43	N/A	130.43	N/A
Household of another with ineligible spouse	468.39	N/A	135.05	N/A
Private nonmedical group home or natural residential settings	679.77	1,228.41	179.77	477.41
Living independently with an essential person (nonspouse) <sup>4</sup>	833.78	1,133.05	83.78	132.05
Household of another with an essential person (nonspouse) <sup>4</sup>	583.78	799.39	83.78	132.05
Living independently with an ineligible spouse who is an essential person 4	ble 880.43	N/A	130.43	N/A
Household of another with an ineligist spouse who is an essential person 4	ble 635.05	N/A	135.05	N/A

 $<sup>^{2}</sup>$  Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>&</sup>lt;sup>3</sup> Includes individuals in private medical facilities who receive less than 50 percent of cost of their care from Medicaid.

<sup>&</sup>lt;sup>4</sup> Applies only to cases converted from former State assistance programs.

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## **STATE ASSISTANCE FOR SPECIAL NEEDS**

**ADMINISTRATION** Department of Health and Family Services.

SPECIAL NEED CIRCUMSTANCES

State administers special need supplementary payments to cover care in nonmedical facilities and natural residential settings.

## **MEDICAID**

**ELIGIBILITY:** 

**CRITERION** SSI program guidelines (title XVI).

**DETERMINED BY** Social Security Administration.

MEDICALLY NEEDY

**PROGRAM** 

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL** 

**EXPENSES** 

The Social Security Administration does not obtain this

information.